



Los Angeles County Commission for Women



APPLICATION FOR DONATION

All requests for funds must be received 30 days prior to the next scheduled LACCW meeting (see attached meeting schedule). The requesting organization must provide the following information before consideration of a request.

Valley Care Community Consortium

Name of Organization

7515 Van Nuys Blvd. 5th Floor

Van Nuys, CA

91405

Address

City, State

Zip

818-947-4040

818-989-8850

www.valleyccc.org

Telephone Number

FAX Number

Website Address

Joni Novosel

Executive Director

Contact Person

Title

818-632-2747

jnovosel@dhs.lacounty.gov

Cell (optional)

E-mail

Organizational Identification

(Non-profit status/tax I.D. number): 20-5569606

Mission of Organization (Purpose and Goals):

Mission Statement - Valley Care Community Consortium creates healthier communities in Service Planning Area 2 (SPA 2) of Los Angeles County through collaboration, partnership, and implementation of innovative programs, with emphasis on vulnerable populations.

Goals

VCCC has always taken a collaborative approach to work with the county safety net system of care inclusive of clinics, mental health providers, and community and faith-based agencies in Service Planning Area 2 (SPA 2) of Los Angeles County to improve access to health and mental health services. Partner and participate in community wide events such as the Back to School Health Fair co-sponsored by Supervisor Zev Yaroslavsky and the County of Los Angeles Parks & Recreation.

Conduct triennial community health needs assessments for SPA 2 that can be used by our partners for program planning and grant development to assist with bringing in resources to support efforts to help improve the health status of the most vulnerable residents in SPA 2.

Provide health education and outreach through community-driven services to empower the communities we serve and Provide access to free walking groups, after-school fitness and nutrition programs to create healthier communities by working to reduce obesity and chronic disease.

History of Organization and Time of Existence:

The Valley Care Community Consortium (VCCC) is a 501 (c) (3) non-profit organization that was started in 1995 to bring together various community stakeholders to conduct joint planning for health and mental health services in SPA 2. From 1995 to 2000 VCCC was an all volunteer group which began with 11 founders. In 2000 VCCC received HRSA funding and hired its first program manager. Between 2000 and 2007 VCCC worked with a fiscal sponsor to continue to secure grant funding to support paid staff to lead and grow the coalition from 11 to over 200 members. In 2007 VCCC was granted our 501 (c) (3) status and currently has three full time employees and some paid internships.

Since our inception VCCC has created five Community Health Needs Assessments and have administered numerous projects in SPA 2 with the aim of improving the health and mental health of the area residents. We have worked closely with Supervisor Zev Yaroslavsky's staff because much of the work we do is in his District 3. VCCC spans two supervisorial districts, however this request is for a project in the Third District.

Los Angeles County Commission for Women
APPLICATION FOR DONATION
(Page 2)

Listing of Board of Directors:

Bonnie Bailer, Board President - Northridge Hospital Center
Nik Gupta, Board Treasurer - Mission City Community Network
Carla Nino, ValleyCare Mid Valley Comprehensive Health Center
Susan Dion, Valley Community Clinic
Marie Mayen- Cho, Providence Health and Services
Janis Lake, LAUSD
Katie Murphy, Neighborhood Legal Services
Jody Dunn, Partners in Care Foundation

Jose Salazar, Board Vice President - Tarzana Treatment Center
Olga Vigdorchik, Secretary - LA County Public Health Dept.
James Randall, Los Angeles Department of Mental Health
Theresa Nitescu, Northeast Valley Health Corporation
Barbara Baldwin, Community Synergy for Children & Families
Audrey Simons, Mission Community Hospital
Jenny Gutierrez, MEND
Joan Maltese, Child Development Institute

Event Information – Date/Time, Location and Target Number of Attendees:

Date/Time: Saturday, August 10, 2013

Location: El Cariso Park 13100 Hubbard Street, Sylmar, CA 91342

Target Number of Attendees: 400

Event Information – Purpose and Goals:

* Event publicity materials may be included (optional)

The Back to School Health Fair is an annual event that was created to help prepare children to have the supplies needed to help them succeed in school. Many parents (especially single mothers) are facing difficult economic pressures and find it difficult to equip their children with all the supplies needed for academic success. Most of the schools in this area are classified as Title 1 schools. In addition to helping to provide a needed supplies this collaborative effort has the support and backing of not only VCCC but about 25 other non-profit agencies that participate to provide FREE health screenings along with health and safety information.

In what Los Angeles County District will this event take place?
(Please enter the district number)

3

In what Los Angeles County District does your organization belong to?
(Please enter the district number)

3 and 5

Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

VCCC serves residents of all ages and ethnicity in SPA 2. However this project will serve mainly Latino children between the ages of four and twelve years of age. The community children served come from mainly impoverished, high need areas in Sylmar and the northeast San Fernando Valley in District 3. Many of the families including single mothers raising children on their own that attend this event are living below 200% of the Federal Poverty Level. The gender of the children vary from year to year however it is pretty evenly mixed between boys and girls.

Specific Request (i.e. monetary contribution, use of LACCW's name or logo, access to mailing resources, and/or staff assistance)

VCCC respectfully request \$1,000 to help support the cost of purchasing 400 backpacks, notebooks, tablets, pens, pencils, erasers, markers, rulers, crayons, and other essential supplies.

Los Angeles County Commission for Women
APPLICATION FOR DONATION
(Page 3)

How will this donation benefit the organization?

VCCC is a very small non-profit that will be providing Body Mass Index Screenings, nutrition and physical activity prevention educational materials and some book-covers, however we do not have the resources to help to build the much needed backpacks that will be needed for this event. This funding will benefit VCCC by allowing us to have a greater impact in our collaboration with Supervisor Zev Yaroslavsky and County of Los Angeles Parks and Recreation Back to School Health Fair. Every child regardless of income deserves the opportunity to return to school with the needed supplies. Budget cuts are affecting every child, they no longer receive crayons, pencils and pencil cases as part of their school supplies. Each child is responsible for their own supplies and by collaborating and participating in this event we can help make this easier for those children who attend until the supplies run out. Your donation will keep the supplies from running out earlier.

Have you received donation funds from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

No (☒), this is the first time we received donation from LACCW.

Yes (☐), we have received donation(s) from LACCW previously.

First Occasion:

Name of the Event _____

Date of the Event: _____

Donation Amount: _____

Second Occasion:

Name of the Event _____

Date of the Event: _____

Donation Amount: _____

Please send this form to:

Los Angeles County Commission for Women
500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012
PH: 213-974-1455
FAX: 213-633-5102
www.laccw@bos.lacounty.gov

For CW Office Only:

Date Received

Received By

Date of Review

Reviewed By

(Yes ☐) (No ☐)

Place on Agenda: _____

Reason for not placing on agenda

Los Angeles County Commission for Women
APPLICATION FOR DONATION
 (Page 4)

Date of CW Board Meeting	(Yes___) (No___) Action Taken	(Yes___) (No___) Notification Sent	Amount Approved

Reason for Rejection
